

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 18 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Wesley
City Kansas City (No. 2002)

Registration District No. 399
Primary Registration District No. 2002

File No. 39462
Registered No. 4973
St. 4973 Ward

2. FULL NAME

(a) Residence, No. 815 E 9th St., 3 Ward.

(Usual place of abode) Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---|--|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 21, 1911</u> | | |
| 7. AGE | YEARS <u>23</u> | MONTHS <u>6</u> |
| | DAYS <u>22</u> | IF LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osawa

MOTHER FATHER 13. NAME Ed Peters

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osawa

15. MAIDEN NAME Dickerson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osawa

17. INFORMANT (ADDRESS) Paula Clark

18. BURIAL, CREMATION, OR REMOVAL PLACE Mc Hope DATE 11/15 1934

19. UNDERTAKER (ADDRESS) Peter B. Lapington

20. FILED 11-15 1934 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-13, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-13, 1934 to 11-13, 1934
I last saw him alive on 11-13, 1934 Death is said

to have occurred on the date stated above, at 5:23 PM.
The principal cause of death and related causes of importance were as follows:

Epidemic cerebro-spinal meningitis Date of onset

Other contributory causes of importance 18

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 1934

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. Geunick, M. D.
(Address) 256 Campbell Ave

